State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999 INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? Yes No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

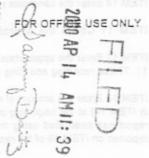
COMMITTEE INFOR	MATION		
Full name of committee (as on Statement of Organization)	9		
REELEDT WARD SURVEYOR	citon Division or C	all positions Americans au	THIRD DESIGNAM SAM
Acronym or abbreviated name, if any	3. Committee tele	phone number) 773-8352	TOTAL PAGES! Enter
. Mailing address (address where all campaign finance correspondence is received) C	heck if this is a new a	ddress	hauding any altached
City, state, FIP code NOBLESUICE IN 4600	6. Party affiliation	(if applicable)	allomation submitted
CANDIDATE INFORMATION (For Can			
Full name of candidate/include any nickname)	(,)	or if independent	of Organization (Form D
Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of res	idence	nanco ero seinii il Militi
TYPE OF REPORT		CONVENTION	N CANDIDATES ONLY
. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	nd 20 must be "0")	Pre-Convention	Contract varied & New York
Outgoing Treasurer (within 10 days amend Statement of Organization)	DE UN TEN BETTER	Post-Convention	n
. Reporting period:		COLUMN A	COLUMN B
From: 1 JAN 00 Through: 14 APRO	0	This Period	Year to Date
Cash on hand and investments at the beginning of this reporting period.		818.33	
. Cash on hand and investments January 1, current year.			818.33
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)	2950	2950
15a. Itemized (use Schedule A)	tines ell ne ne	3500	350=
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	3300	3300
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	4118.33	4118.33
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		Parket and Market Army	A not continue to on shoot
17b. Uniternized	tel satter a politica	222.28	222.28
17c. Add lines 17a and 17b in both columns	SUBTOTAL	222.28	222.28
Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of		3896.05	3896.05
Debts OWED BY the committee (use Schedule D)	Julius)	0	
Debts OWED TO the committee (use Schedule E)	City Co	10 ; British Ke	
U. Decis UWEU (U the committee fuse Schedule E)	Company of the Compan	+	

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I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE. CORRECT AND COMPLETE

Signature on File

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIMDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page	of	11994			

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
(street, number, city, state, ZIP code)		PERIOD	TEAR-TO-DATE	MEGENED BY
1. STEVE GARRETT - BUILDER	Contributions:	En to cambbas	gallians bine as	ZEFEB 00
9292 EAST 13/555	to d'astimono è el territori	2500	editne sebulan	eisT (estimate
FISHES IN 46038	Other Receipts:	yes to nategu	sic art rain3 1	KENTON G
manusaco rom resmigne rexues Yeurony a	☐ Interest ☐ Loan ☐ Misc (specify)	LIGHT CONTINUE	b 101 Housema	(KCW)
Contributor's Occupation (if required)	THE REAL PROPERTY OF THE PERSON NAMED IN COLUMN 1	PERSONAL SERVICES	The same of the sa	
2. ALLEN ROSENBERS - DENEMPER 12224 L'AYSIDERO	Contributions: Direct In-Kind (describe)	BHTO RO W	ONTURISTION OF A PROVIDED (ES	SO FUE UD
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1435CS 12 4C25C	Other Receipts: Interest Loan Misc (specify)	250	SETA HUBBIA	KLY
Contributor's Occupation (if required)	ALEXANDO EN YOURS COLLAD	DI-ZUSSI S	WIT PLILING	D E VINIGO
3. LARRY MANNING - ENGINEER 7140 WALDEMAN DRIV	Contributions: Delirect In-Kind (describe)	ebnelso do	es to moqu	3 MAR 00
1 NOPUS 46268	saw notherstate and teat on	250=	di seins :03)	VIBORN BIL
member, and believed or deposit in an account.	Other Receipts: Interest □Loan □Misc (specify)	money order, I an cash is a	o sperio erit be two bevisoes e	KCW
Contributor's Occupation (if required)	pevissen odw nedmam e	attinimos ed	YE Enter 1	ECEIVED
4. page of Schedule A. If there is only one page of this Schedule.	Contributions: Direct In-Kind (describe)	F SCHEDUL AL OF ALL PA	SIS PAGE C	T LIATOTEL
	E A ON THE LAST PAG	празнов з		LA ROLLATO
Contributor's Occupation (if required)	Other Receipts: Interest Loan Misc (specify)	nugë zirk vetna		all pages on Si
		-		
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest □ Loan Misc (specify)			
Contributor's Occupation (if required)				
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TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 7500		
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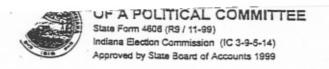
State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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DB MANN . 8653 BASH ST	Contributions: SDirect	S PERIOD:	HT THUOM	IMAE 60
INDIANATOLIS, IN 46256	Other Receipts:	2500	250 9	KCV
HAMILTON WESTERN UTICITIES POBOX 1009' CARMEZ, IN 460BZ	Contributions: Contributions: Contributions: Contributions:	2500	250 <u>m</u>	3MA200
the contribution for the committee. (IC 3-3-1-25)	Other Receipts: Interest □Loan Misc (specify)	estinanco es	n save su	KCW
LEPPERT CONCRETE PRODUCTS LLC 4662 W/ 350N	Contributions: Contributions: Contributions: In-Kind (describe)		2000	13 MARO
GREWFIED, IN 46140	Other Receipts:			KCW
PLATINUM PROFESSES 9551 DELEGATES ROW	Contributions: Direct In-Kind (describe)	220 g	250 %	12 APR00
IND, ANDTOUS, IN 46260	Other Receipts: Interest Loan Misc (specify)	220 S	250	KCH
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CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING AODRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
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INDIANAFACI) IN TO 20	Cther Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			KCM
2.	Contributions: Direct In-Kind (describe)			
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	Other Receipts: Interest □ Loan Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersin and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE RECEIVED BY
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(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
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(Enter total on ITEM 15a of the Summary Sheet)



State Form 4605 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

	FILE NUMBER	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

RECIPIENT'S NAME AND (street, number, city,		RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

FILE NUMBER			
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

nter Text of Public Question		PUBLIC QUESTION INFORMATION			
pe of Question: Statewide Local Local Constition: Supported Deposed	local. la				
RECIPIENT'S NAME AND MAILING AUDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

Page

FILE	NUMBER	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	GUTSTANDIN BALANCE TH
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT		YEAR-TO-DATE	PERIOD
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(Enter total on ITEM 19 of the Summary Sheet)



State Form 4606 (R9 / 11-99)
Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

	FILE NUMBER	
Page	ofof	IT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	MAILING ADDRESS(if any) (street, number, city state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	PERIOD
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